


U.S. APPLICATION NO. (If known, see 37-CFR 1.5)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER	
10/559954		PCT/EP2004/006477		Le A 36 784	
21. The following fees are submitted:				Applicant use	Office use only
<input checked="" type="checkbox"/> a) Basic national fee..... \$300.00				\$ 300.00	
<input checked="" type="checkbox"/> b) Examination fee..... \$200.00				\$ 200.00	
<input checked="" type="checkbox"/> c) Search fee..... \$500.00				\$ 500.00	
TOTAL OF ABOVE CALCULATIONS = \$1000.00				\$ 1,000.00	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
67 - 100 =	0 /50 =	0	x \$250.00	\$ 00.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total claims	8 - 20 =	0	x \$50.00	\$ 00.00	
Independent claims	5 - 3 =	2	x \$200.00	\$ 400.00	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)		0	+ \$360.00	\$ 00.00	
TOTAL OF ABOVE CALCULATIONS =				\$ 1,400.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by %.				\$	
Adjustment Date: 03/30/2006 WA VARAD					
SUBTOTAL = \$ 1,400.00					
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$ 400.00 CR	
TOTAL NATIONAL FEE = \$ 1,400.00					
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				\$ 400.00 DA	
TOTAL FEES ENCLOSED = \$ 1,400.00					
Amount to be refunded:					\$
Amount to be charged					\$
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.					
b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>13-3372</u> in the amount of \$ <u>1,400.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.					
c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3372</u> . A duplicate copy of this sheet is enclosed.					
d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO: Customer No. 35969					
Jeffrey M. Greenman Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, CT 06516			 SIGNATURE Susan M. Pellegrino NAME 48,972 REGISTRATION NUMBER		

FEE VALUE	
13	3372
1632	500
1644	400
1640	400
1616	360

BEST AVAILABLE COPY